



## Missouri Pharmacy Program – Preferred Drug List



***Beta Adrenergic Agents – Long Acting:***  
***Effective 11/10/2004***  
***Revised 07/06/2006***

### **Preferred Agents**

Serevent Diskus®

### **Non-Preferred Agents**

Foradil®

#### **Approval Criteria**

- ! Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
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- ! Documented ADE/ADR to preferred agents.
- ! Documented compliance on current therapy regimen.

#### **Denial Criteria**

- Lack of adequate trial on required preferred agent.
- Therapy will be denied if no approval criteria are met.
- Drug Prior Authorization Hotline: (800)392-8030.